

**RHODE ISLAND DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF AIR RESOURCES**

APPLICATION FOR APPROVAL TO BURN ALTERNATIVE FUELS

Return to: RHODE ISLAND DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF AIR RESOURCES
235 PROMENADE STREET
PROVIDENCE, RI 02908

Section A	<div style="border-bottom: 1px solid black; margin-bottom: 5px;">1. FULL BUSINESS NAME_____ PHONE_____</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">2. ADDRESS OF EQUIPMENT LOCATION_____</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">SIC CODE_____ # EMPLOYEES_____</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">3. LOCATION ON PREMISES (BLDG., DEPT., AREA, ETC.)_____</div> <div style="border-bottom: 1px solid black;">4. NATURE OF BUSINESS_____</div>
Section B	<div>BOILER INFORMATION:</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">1. MANUFACTURER_____ MODEL #_____</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">SIZE_____ MM BTU/HR</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">BURNER MANUFACTURER_____ NO. OF BURNERS_____</div> <div style="margin-bottom: 5px;">TYPE OF BOILER: WATERTUBE <input type="checkbox"/></div> <div style="margin-left: 150px;">FIRETUBE <input type="checkbox"/></div> <div style="margin-left: 150px;">AGE OF BOILER:_____ YRS.</div> <div style="margin-bottom: 5px;">EXISTING AIR POLLUTION CONTROL EQUIPMENT: NO <input type="checkbox"/></div> <div style="margin-left: 150px;">YES <input type="checkbox"/></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">IF YES, EXPLAIN:_____</div> <div style="margin-top: 20px;">BOILER INFORMATION:</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">2. MANUFACTURER_____ MODEL #_____</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">SIZE_____ MM BTU/HR</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">BURNER MANUFACTURER_____ NO. OF BURNERS_____</div> <div style="margin-bottom: 5px;">TYPE OF BOILER: WATERTUBE <input type="checkbox"/></div> <div style="margin-left: 150px;">FIRETUBE <input type="checkbox"/></div> <div style="margin-left: 150px;">AGE OF BOILER:_____ YRS.</div> <div style="margin-bottom: 5px;">EXISTING AIR POLLUTION CONTROL EQUIPMENT: NO <input type="checkbox"/></div> <div style="margin-left: 150px;">YES <input type="checkbox"/></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">IF YES, EXPLAIN:_____</div>

Section

B

BOILER INFORMATION:

3. MANUFACTURER _____ MODEL # _____
SIZE _____ MM BTU/HR
BURNER MANUFACTURER _____ NO. OF BURNERS _____
TYPE OF BOILER: WATERTUBE ☐
FIRETUBE ☐ AGE OF BOILER: _____ YRS.
EXISTING AIR POLLUTION CONTROL EQUIPMENT: NO ☐
YES ☐
IF YES, EXPLAIN: _____

BOILER INFORMATION:

4. MANUFACTURER _____ MODEL # _____
SIZE _____ MM BTU/HR
BURNER MANUFACTURER _____ NO. OF BURNERS _____
TYPE OF BOILER: WATERTUBE ☐
FIRETUBE ☐ AGE OF BOILER: _____ YRS.
EXISTING AIR POLLUTION CONTROL EQUIPMENT: NO ☐
YES ☐
IF YES, EXPLAIN: _____

BOILER INFORMATION:

5. MANUFACTURER _____ MODEL # _____
SIZE _____ MM BTU/HR
BURNER MANUFACTURER _____ NO. OF BURNERS _____
TYPE OF BOILER: WATERTUBE ☐
FIRETUBE ☐ AGE OF BOILER: _____ YRS.
EXISTING AIR POLLUTION CONTROL EQUIPMENT: NO ☐
YES ☐
IF YES, EXPLAIN: _____

Section

C

TYPE OF FUELS USED

1. FUEL: OIL ☐ GRADE: 2 ☐ 4 ☐ 6 ☐
NAT. GAS ☐
OTHER ☐
2. ANNUAL USAGE: OIL _____ GALS.
NAT. GAS _____ FT³
OTHER _____
3. MAXIMUM FIRING RATE: OIL _____ GALS/HR.
NAT. GAS _____ FT³/hr.

Section C (cont)	4. FUEL SUPPLIER: OIL _____ NAT. GAS _____ OTHER _____										
Section D	STACK INFORMATION: 1. STACK EXIT DIMENSIONS I.D. _____ INCHES OR _____ INCHES X _____ INCHES 2. STACK HEIGHT ABOVE GROUND _____ FEET 3. VOLUME OF GAS DISCHARGED INTO OPEN AIR _____ ACFM @ _____ °F 4. IS STACK EQUIPPED WITH A RAIN HAT? YES <input type="checkbox"/> NO <input type="checkbox"/> 5. DISTANCE FROM DISCHARGE TO NEAREST PROPERTY LINE _____ FEET										
Section E	ALTERNATIVE FUEL INFORMATION: 1. GENERAL DESCRIPTION OF PROCESS FROM WHICH ALTERNATIVE FUEL IS GENERATED _____ _____ _____ 2. ALTERNATIVE FUEL SUPPLIER'S NAME AND ADDRESS: _____ 3. PERCENT OF FUEL FEED RATE THAT IS ALTERNATIVE FUEL _____										
Section F	<table><thead><tr><th><u>NAMES OF FULL TIME OPERATORS</u></th><th><u>HOURS</u></th></tr></thead><tbody><tr><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td></tr></tbody></table>	<u>NAMES OF FULL TIME OPERATORS</u>	<u>HOURS</u>	_____	_____	_____	_____	_____	_____	_____	_____
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_____	_____										
_____	_____										
_____	_____										
_____	_____										

INCLUDE WITH THIS APPLICATION THE FOLLOWING:

1. AN ANALYSIS OF THE ALTERNATIVE FUEL TO BE BURNED FOR THE PROPERTIES OR CONSTITUENTS LISTED IN SUBSECTION 20.4.2(A) OF APC REGULATION NO. 20, HEAVY METALS, FLASH POINT, VISCOSITY, BOTTOM SOLIDS AND WATER AND ASH AND ANY OTHER HAZARDOUS COMPONENTS SUSPECTED OF BEING IN THE MATERIAL.
 2. A PROPOSED SCHEDULE FOR SAMPLING AND ANALYSIS.
 3. A SITE PLAN FOR A 300-FOOT RADIUS FROM THE FACILITY.
 4. BUILDING DIMENSIONS (HEIGHT, LENGTH AND WIDTH) FOR ALL BUILDINGS WITHIN 300 FEET OF THE BOILER STACKS.
 5. A DIAGRAM SHOWING THE PIPING ARRANGEMENTS FROM ALL STORAGE TANKS TO ALL OF THE BURNERS.
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This application is submitted in accordance with the provisions of Chapter 23-23 of the General Laws, as amended, APC Regulation No. 20, and to the best of my knowledge and belief is true and correct.

Signature

Title

Printed Name

Date

**RHODE ISLAND DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF AIR RESOURCES**

AIR POLLUTION CONTROL PERMIT FEES

The Department's rules and regulations require the payment of fees for air pollution permits. All application fees must be submitted to:

RI Department of Environmental Management
Office of Management Services
235 Promenade Street
Providence, RI 02908

THE APPLICATION FORM AND ANY ACCOMPANYING DOCUMENTS SHOULD BE SUBMITTED TO THE OFFICE OF AIR RESOURCES AT THE ADDRESS SHOWN ON THE APPLICATION FORM.

Please complete this form, attach it to the check or money order and submit it to the Office of Management Services. Payment should be made payable to General Treasurer, State of Rhode Island.

The information requested below must be provided to coordinate the filing of your fee with your application(s). This fee is a filing fee and therefore it must be paid before we can begin review of your application(s).

APPLICANT'S NAME: _____

GENERAL DESCRIPTION OF PROCESS FROM WHICH POLLUTANTS ARISE:

FEE SUBMITTED:

Major Source or Major Modification @ \$25,410 each	_____
Complex Minor source or Modification @ \$4,620.00 each	_____
Minor source or Modification @ \$ 1,271.00 each	_____

TOTAL	_____
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FOR OFFICE USE ONLY:

Fee Amount Received: \$ _____

Date Received: _____

Received By: _____

For Deposit into Account 1752-80600